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PRIMARY CARE DOCTORS ARE BECOMING COMMUNITY LEADERS

By Mario J. Paredes

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With the summer 2024 launch of nine Social Care Networks across New York State, local physicians, most of them primary care providers, were given convenient access to Community-Based Organizations with expertise in serving patients suffering from particular social ills that are affecting their health, both physical and behavioral. So-called Health-Related Social Needs involve nutrition, transportation, and housing, as well as criminal justice issues.

Physicians leave their practice and go out into the field to observe first-hand what social challenges patients are facing and to meet with CBO staff and volunteers. In advocating for patients before local policymakers, the doctor assumes the mantle of community leader, even as he and she leave the confines of their practices and the exclusive focus on clinical care. In collaboration with CBOs, primary care doctors lend their expertise to community decisions. In some cases, doctors enter into formal partnerships with CBOs and other non-profits that are committed to the community. Patients feel heard, and doctors earn their trust.

Author and researcher Dr. Scott Young tells his colleagues, “To ultimately produce good health, we must make investments in the personal lives of our patients—understanding the communities they live in and what intersection is needed between the clinical system and changes that are easily supported by communities.” This is precisely what doctors are doing by going out to meet patients and the people who care for them outside medical clinics. In the process, doctors become familiar leadership figures as they participate in the public life of the community. Flexible, wide-ranging physician leadership is proving to be key to community health that increasingly features non-traditional care.

The emancipation of doctors has a rich history, which hinges on the development of the doctor-patient relationship. SOMOS Community Care, a network of over 2,500 independent physicians, has pioneered the effort. Most of them are Primary Care Providers, serving more than 1 million New York City’s most vulnerable Medicaid recipients. SOMOS, one of the Social Care Networks, was established under the

leadership of Founder and Chairman Dr. Ramon Tallaj as part of the launch of New York State's "Delivery System Reform Incentive Payment" Program (DSRIP). The program instituted the Value-Based Payment formula, with doctors rewarded for taking the best possible care of patients. It was the first major boost of the doctor-patient relationship and the positioning of the doctor as a trusted figure. The process was a significant step towards the reiteration of the doctor as a community leader. It became the overriding mission of SOMOS.

Next came the work of SOMOS Community Health Workers (CHW), who were tasked with visiting patients' homes to remind families of doctor's appointments and the taking of medicines. In the process, the CHWs also took stock of social liabilities that were taking their toll on households, such as mold in the house, the absence of wholesome fresh foods, or the lack of doctors. They were fully briefed and thus armed with critical information about patients and their families. This intimate knowledge formed the basis of conversations between doctors and patients who come to trust their doctor, who is so well-informed about their lives and their most challenging issues. In the process, doctors become trusted figures in the neighborhood and the community at large, just as they were natural leaders in the past.

Jason Helgerson, who oversaw DSRIP when he was Medicaid Director for New York State, early on called on SOMOS doctors to take on a leadership role and convene CBOs to provide patients with non-medical social support. This dynamic mirrors what the Social Care Networks are doing on a larger scale. DSRIP has come full circle.

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